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Rheumatoid arthritis: A case study with constitutional homoeopathic treatment with the help of vithoulkas expert system

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Abstract

Rheumatoid arthritis (RA) is a chronic systemic inflammatory disease of unknown cause. An external trigger (eg, cigarette smoking, infection, or trauma) that triggers an autoimmune reaction, leading to synovial hypertrophy and chronic joint inflammation along with the potential for extra-articular manifestations, is theorized to occur in genetically susceptible individuals. A 53 years old, female suffering from Rheumatoid Arthritis, yielded good results with homeopathic medicine Aloe Socotrina.

Keywords: Rheumatoid arthritis, joints pain, homoeopathy, aloe Socotrina. Vithoulkas expert system

Introduction

Rheumatoid arthritis (RA) is the most common persistent inflammatory arthritis, occurring throughout the world and in all ethnic groups with a female to male ratio of 3:1. The clinical course is prolonged, with intermittent exacerbations and remissions [1]. Patients with RA have an increased mortality when compared with age-matched controls, primarily due to cardiovascular disease. This is most marked in those with severe disease, with a reduction in expected lifespan by 8-15 years. Around 40% of RA patients are registered disabled within 3 years; around 80% are moderately to severely disabled within 20 years; and 25% will require a large joint replacement. Functional capacity decreases most rapidly at the beginning of disease and the functional status of patients within their first year of RA is often predictive of long-term outcome. Factors that associate with a poorer prognosis are disability at presentation, female gender, involvement of MTP joints, smoking and a positive RF and anti-CCP. Whatever the initiating stimulus, RA is characterised by infiltration of the synovial membrane with lymphocytes, plasma cells and macrophages, CD4+ T cells play a central role by interacting with other cells in the synovium. Activated T cells stimulate B cells to produce immunoglobulins including RF, and macrophages to produce proinflammatory cytokines. These act on endothelium, synovial fibroblasts, bone cells and chondrocytes to promote swelling and congestion of the synovial membrane and destruction of bone, cartilage and soft tissues. The B cells release immunoglobulins, including RF, which can form immune complexes within the joint and in extra-articular tissues, leading to vasculitis. Lymphoid follicles form within the synovial membrane. Inflammatory granulation tissue (pannus) spreads over and under the articular cartilage, which is progressively eroded and destroyed. Later, fibrous or bony ankylosis may occur. Muscles adjacent to inflamed joints atrophy and may be infiltrated with lymphocytes [1].

The incidence of RA increases between 25 and 55 years of age, after which it plateaus until the age of 75 and then decreases. The presenting symptoms of RA typically result from inflammation of the joints, tendons, and bursae ^[2]. In most patients with RA, onset is insidious, often beginning with fever, malaise, arthralgias, and weakness before progressing to joint inflammation and swelling. Signs and symptoms of RA may include the following: Persistent symmetric polyarthritis (synovitis) of hands and feet (hallmark feature), progressive articular deterioration, extra-articular involvement, difficulty performing activities of daily living (ADLs) ^[3].

From 1987 to 1991, in co-operation with the University of Namur in Belgium, Professor George Vithoulkas worked on creating and programming a very highly sophisticated computer system, the V.E.S. (Vithoulkas Expert System) that helps in the analysis of the homeopathic cases. As a general rule, V.E.S. considers mind symptoms to be more important than local ones.

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But there are cases in which it may ignore such symptoms in favour of some prominent local keynotes. Many different principles and possibilities are used to decide when this particular decision is applied. You don't have to pre-select particular symptoms before using the Expert System. The V.E.S. takes care of this itself by using ALL the symptoms and selecting the most appropriate rubrics. Every time you add a new symptom, V.E.S. re-evaluates the whole case and gives you a full, completely new analysis [4].

The Vithoulkas Expert System imitates the line of thought of Professor Vithoulkas. It performs a complex analysis of the symptoms. More than 200 variables and some mathematical algorithms are used in this analysis. The set of symptoms is searched for several patterns before it is interpreted according to instructions by Professor George Vithoulkas [4].

There are four important considerations to take into account when using the Vithoulkas Expert System (VES) in order to obtain the best results.

- 1. It is vital to indicate the intensity of the symptoms
- 2. Do not use too many large rubrics
- 3. Start with a minimum of 4 rubrics covering the most important symptoms
- 4. Continue by adding symptoms one at a time.

We should always use the VES with the patient in front. The VES guides us through the interview and gives us probable remedies. It will suggest that we ask questions about certain remedies and tell us to add underlining etc. We need a minimum of 4 symptoms to run the VES. The VES will frequently draw our attention to remedies we might not think of ^[5].

Case Report

A 53 years old, female came to me for the treatment of pain in joints since 10 years. The affected joints were both knees, elbows, knuckles, shoulders, wrists. Character of pain was pinching and throbbing along with numbness in the fingers and hands. The pain was aggravated after rest, in morning, sour things and first motion. Her pain ameliorated after continued motion. Along with the above complaints, swelling was also present in legs and hands. Pain was so severe that she became restless at night. She had felling of tiredness. She also had obstinate constipation since 15 years and had to take the purgatives to pass the stool. She became irritable when she was constipated. She cannot remain empty stomach as it causes palpitation.

Past History

Typhoid, twice at age of 15 and 48; Allergic rhinitis and sinusitis at age of 45 for which she took allopathic medication; Jaundice at the age of 48.

She was taking allopathic medication for her presenting complaints since 4 years with no specific relief.

Family History

Mother: Died (senile death). Had Rheumatoid Arthritis

Father: N/S

Mental Generals

Anxiety about her daughter, irritable, dislike consolation, fastidious, introvert, avarice, hurriedness, fear of heights, does not like sun exposure, desire to go for walks but unable to go because of pains, does not like to be alone, anger on contradiction, sensitive to rudeness, dreams of falling.

Her daughter said that she was very headstrong and she had fear of sight of blood which cause faintness.

Physical Generals

Appetite - Good.

Desire – Sweets

Aversion – Sour things causes constipation and acidity and also increase pains.

Thirst - 2-3 glasses of water daily.

Tongue - dry.

Stool – Constipated; hard stool, had to take purgatives to pass stool.

Urine – Day 5-7; Night 5, offensive smell

Sweat - Nothing Specific

Thermal - Hot patient.

Menstrual History

4/28-30 days with normal flow, Dysmenorrhoea. Menopause- At Age of 48.

Clinical Examination

Built - weight – 70.4 kg (Obese)

Pulse - 70/minute; B.P. - 130/80 mm of Hg

Systemic Examination - P/A, CVS, CNS, Respiratory system - Nothing abnormal detected.

Locomotor Examination- No deformities was detected in both upper and lower limbs.

Totality of Symptoms

Anxiety about children.

Avarice.

Blood sighting causes faintness.

Fastidiousness.

Hurriedness.

Fear of heights.

Headstrong.

Restlessness due to pain.

Urine offensive.

Cannot remain empty stomach causes palpitation.

Sour things aggravate the complains.

Does not like sun exposure.

Repertorisation done by RADAR 10.5 - After analysing the case & evaluating the symptoms, repertorisation was done using Synthesis repertory 9.0 and the Vitholkas Expert System was used for selecting the similimum which was Aloe Socotrina

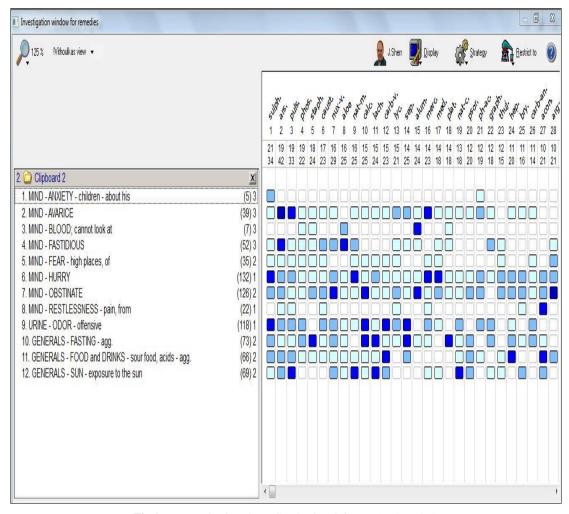


Fig 1: Repertorisation sheet (Synthesis 9.0 from RADAR 10.5)

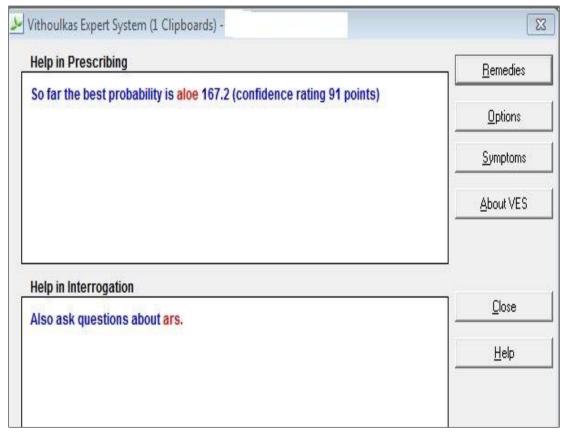


Fig 2: Vithoulkas Expert System (RADAR 10.5)

Medicine prescribed

As the VES suggested; some questions were asked about Arsenicum Album, but it was not found to be the most similar remedy in the above case.

So, Aloe Socotrina 200 1 dose Stat was given, followed by placebo/ TDS for 7 days. After 7 days, numbness was gone and pain in joints also decreased. So, placebo was prescribed again for 15 days.

On next follow-up, she reported with up to 70% relief in pain and constipation was also improved. Again placebo was prescribed for 2 months along with advice for some passive exercises.

After 2 months, case became stand still with no further improvement in any complaints. So, Aloe Socotrina 1M 1 dose stat was prescribed, followed by placebo for 15 days.

Her constipation got relieved and she doesn't use any purgatives. Pain was also relieved up to 90%. Again Placebo was prescribed for 2 months.

After 2 months, she reported with relief in all complaints, but still some pain and constipation remained and patient was not improving further since 15 days. So, Aloe Socotrina 10M was prescribed, followed by placebo for 1 month.

After 25 days, she reported to me with complete relief in all her complaints.

She was advised for a review after 3 months or earlier in case of relapse.

Conclusion

Rheumatoid Arthritis is an Autoimmune disorder for which conventional system of medicine has no specific treatment for curing it. Conventional management of Rheumatoid Arthritis includes administration of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and disease modifying anti-rheumatic drugs (DMARDs). Gastric ulcers, bleeding and perforation are the most common known adverse reactions found associated with excessive consumption of NSAIDs.

The homoeopathic system of medicine improves the general well-being in addition to reducing the pain and disability. The above case showed the effectiveness of homoeopathic similimum in incurable, auto-immune conditions like RA. Along with homoeopathic medication, passive exercises (physiotherapy) and dietary management also played an important role in the above case. This case also justifies the successful use of Vitholkas Expert System, embedded in RADAR 10.5 in the finding the homoeopathic similimum.

References

- Doherty M, Ralston SH. Musculoskeletal disease In: College NR, Walker BR, Ralston SH, editors. Davidson's Principles & Practice of Medicine. 21st ed. China: Churchill Livingstone Elsevier, 2010, 1088-1089.
- Shah A, St. Clair EW. Rheumatoid Arthritis In: Kasper DL, Hauser SL, Jameson JL, Fauci AS, Longo DL, Loscalzo J, editors. Harrison's Principles of Internal Medicine. 19th ed. New York, McGraw-Hill Education.
- 3. Smith RH. Rheumatoid Arthritis [Internet]. 2018. [Updated 2018, June 05]. Available from: https://emedicine.medscape.com/article/331715-overview
- VES. The International Academy of Classical Homeopathy [Internet]. 2019. [cited 2019, march 21] Available from: https://www.vithoulkas.com/learning-

tools/ves

5. How to utilize Vithoulkas Expert System, 2012. [Internet]. September 22; cited 2019, march 21]. Available from: https://www.similima.com/how-to-utilize-vithoulkas-expert-system/